MUSKEGON CHARTER TOWNSHIP 1990 E APPLE AVE MUSKEGON, MI 49442 231-777-2555 X1125 OR X1126

PARCEL # 61 10	\$00 Fee
OWNER:	
CONTIGUOUS PARCEL #: 61 10	

## **BOUNDARY ADJUSTMENT APPLICATION** FOR CONTIGUOUS TRANSFER OF LAND ONLY

You MUST answer all questions and include all attachments, or the application will be considered invalid.

Bring or mail to: Muskegon Charter Township Assessing Department

This form must be filed with our office before the sale of the property. On the lines below, fill in where you would like the form sent,

ne	e review has been completed.
:	
SS	×
	LOCATION of parent parcel to be divided:  Address:
	Section:
	Legal description of parent parcel prior to adjustment:
	(if additional space is needed please attach an additional sheet of paper and staple to form & label parent("before adjustment"
	Legal description of parent parcel after adjustment:
	(if additional space is needed please attach an additional sheet of paper and staple to form & label ("parent after adjustment")
	Legal description of adjacent parcel prior to adjustment:
	(If additional space is needed please attach an additional sheet of paper and staple to form & label (adjacent before

	Lega	I description of a	djacent parcel aft	ter adjustment:			
							_
	(If ad	lditional space is	needed please a	ittach an additional	sheet of paper and sta	ple to form & label (adjacent after adjustme	nt)
	2. I	PROPERTY OW	NER Information:	:			
	Nam	e:			_ Phone #:		
	Addr	ess:			City:		
	State	e:			Zip:		
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	3.	APPLICANT or A	GENT Informatio	on (if different than	property owner)		
	Cont	act Person's Na	ne:				
	Busir	ness Name:					
	Addr	ess:			Phone #:		
	City:				State:	Zip:	
	۵۵۵۵	،۵۵۵۵۵۵۵۵۵۵۵	100000000000000	00000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	
	4. I	A. Intende B. Attach i	d Use (Residentia	er being proposed: al, Commercial, Ind for the contiguous p	dustrial, etc) parcel and surveys incl	uding the location of building and private	
		MORTGAGE Info		red by a mortgage,	the mortgage company	y must be notified. Notification to be attach	ed.
	Ī					Itered due to the boundary adjustment may ven.	,
FIDAV	VIT ar	nd PERMISSION	for municipal, co	ounty and state office	cials to enter the prope	rty for inspections:	
reby	agree	that the statem	ents made above	are true, and if fou	und not to be true this a	pplication and any approval will be void.	
ntiguo	us tra					chigan to enter the property where this n the application is correct at a time mutual	y
			xisting special ass nts are approved		main with the parent pa	arcel. Paving assessments must be paid in	full
ally, I	unde	rstand that this v	vill not be approve	ed if it does not me	et the current zoning o	rdinances.	
perty	y Owi	ner's Signature				Date:	
licar	nt's S	ignature:				Date:	
	ır'e Ar	poroval:					
esso	10  AL	p. o . o				Date:	_
						Date: Date:	

<sup>&</sup>lt;sup>1</sup> H:/SPLITS/BOUNDARY ADJUSTMENT APPLICATION